PART B - FEE(3) INCLUDE TO STANDARD PART B - FEE(3) INCLUDE TO STA

appropriate. All further cor	respondence including the local period of the	Patent, advance or	ders and noti	ification of maintenance fees value a new correspondence address	will be mailed to the curren	t correspondence address a	
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28765 75	90 04/27/2006			have its own certificate of maining of transmission.			
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WASHINGTON, DC 20006				transmitted to the USP	TO (571) 273-2885, on the	date indicated below.	
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	ICATION NO. FILING DATE FIRST N			INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.			
09/493,818	01/28/2000		Mark Al	•	85134-6200	2697	
TITLE OF INVENTION: M	ETHOD OF INCREASING <i>FOR</i>	FLUORESCENT	SIGNAL OF	OPTICAL DISKS WITH FLU DISCS	ORESCENT READING A.	ND RESULTANT DISCS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$700	07/27/2006	
EXAMINER A			IT	CLASS-SUBCLASS			
ANGEBRANNDT, MARTIN J				430-270150			
Change of correspondence CFR 1.363).	address or indication of "Fe	ee Address" (37		nting on the patent front page, li	Llinata	n & Strawn LLP	
_ ′	lence address (or Change of 22) attached.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
_	ion (or "Fee Address" Indica or more recent) attached. Use						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	Γ (print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will app F a substitute	ear on the patent. If an assign for filing an assignment.	ee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and							
D Data Inc. New York, New York							
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent): 🔲 Individual 🚨 Co	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):			
				A check in the amount of the fee(s) is enclosed.			
				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1814 (enclose an extra copy of this form).			
Advance Order - # of	Copies		Deposit A	Account Number 50-1814	rge the required fee(s), or cre tenclose an ext	ra copy of this form).	
5. Change in Entity Status	•	•		ant is no longer claiming SMAI	LI ENTITY MADE OF 27 C	SED 1 27(-)(2)	
• •	MALL ENTITY status. See is requested to apply the Issu ublication Fee (if required) wards of the United States Pare			y) or to re-apply any previously other than the applicant; a regi			
interest as shown by the reco	TWO ME OTHER STATES PARE	,	••	97/29/20	386 MBEYENE2 00000159	501814 09493818	
Authorized Signature	MUNICIPALITY	enna	<u>'' </u>	Date 1 FCL	ј _а 19. 2006. 701.00 ра		
Typed or printed name Allan A. Fanucci				92 FC:81 Registration N	301 30,2565.00 DA	· 	
This collection of informatio	n is required by 37 CFR 1.3	11. The informatio	n is required	to obtain or retain a benefit by t	he public which is to file (an	d by the USPTO to process)	

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